

**FACILITY-BASED
AMENDMENTS TO THE TREATMENT PLAN**

DATE:

Check the appropriate reason for amendment:

☐ The consumer has met a goal/objective

☐ The consumer is not progressing toward the goal/objective

☐ The consumer has requested a change

☐ A new goal/objective is recommended

☐ Other: _____

EXPLANATION AND RECOMMENDATION FOR CHANGE:

SIGNATURES:

Consumer

Lead Clinical Staff